

119 - Fully Licensed Audiologist Tip Sheet

MET/EVALUATION

The evaluation should be reported only **once**, even if the evaluation is administered over several days. The date of service is the date eligibility is determined (IEP mtg.). **Note:** An evaluation must be completed to use this service type.

PROCEDURE CODE	SERVICE TYPE
92552 HT	Pure tone audiometry (threshold) air only
92553 HT	Pure tone audiometry (threshold) air & bone
92557 HT	Comprehensive hearing (threshold) evaluation & speech recognition
92567 HT	Tympanometry test to assess middle ear function
92582 HT	Conditioning Play Audiometry

REED

Participation in the Review of Existing Evaluation Data (REED). The date of service is the date the IEP team completes its review of data.

PROCEDURE CODE	SERVICE TYPE
92552 TM	Pure tone audiometry (threshold) air only
92553 TM	Pure tone audiometry (threshold) air & bone
92557 TM	Comprehensive hearing (threshold) evaluation & speech recognition
92567 TM	Tympanometry test to assess middle ear function
92582 TM	Conditioning Play Audiometry

IEPT/IFSP

Participation in the IEPT/IFSP. Encompasses all work done for the IEPT. The date of services is the date of the IEP team meeting.

PROCEDURE CODE	SERVICE TYPE
92552 TL	Pure tone audiometry (threshold) air only
92553 TL	Pure tone audiometry (threshold) air & bone
92557 TL	Comprehensive hearing (threshold) evaluation & speech recognition
92567 TL	Tympanometry test to assess middle ear function
92582 TL	Conditioning Play Audiometry

EVALS NOT RELATED TO MET OR IEP

Evaluations completed for purposes other than the IDEA assessment. The date of service is the date the test is completed.

PROCEDURE CODE	SERVICE TYPE
92550	Tympanometry & Reflex (threshold) measurements
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold) air only
92553	Pure tone audiometry (threshold) air & bone
92555	Speech audiometry (threshold) - Test for ability to detect/repeat spoken words

PROCEDURE CODE	SERVICE TYPE
92556	Speech audiometry (threshold) - Test for ability to detect/repeat spoken words w/speech recognition
92557	Comprehensive audiometry (threshold) evaluation & speech recognition
92558	Evoked Auditory Test Qualitative
92567	Tympanometry Test - middle ear function
92568	Acoustic Reflex Testing (threshold) - Test for middle ear muscle reflex
92582	Conditioning Play Audiometry - Test for hearing sensitivity using activity-related feedback
92594	Electroacoustic Hearing Aid Test - One Ear
92595	Electroacoustic Hearing Aid Test - Both Ears

HABILITATIVE AND REHABILITATIVE SERVICES

The American Medical Association (AMA) created modifiers to identify services as habilitative or rehabilitative. This applies to the procedure codes below with a (*).

Modifier 96- Habilitative Services: Habilitative services help an individual learn skills and functions for daily living that the individual **has not yet developed**, and then keep or improve those learned skills. Habilitative services also help an individual keep, learn, or improve skills and functioning for daily living.

Modifier 97- Rehabilitative Services: Rehabilitative services help an individual keep, get back, or improve skills and functioning for daily living that have been lost or impaired because the individual was sick, hurt, or disabled.

PROCEDURE CODE	SERVICE TYPE
92630	Auditory Rehabilitation Pre-Linguistics Hearing Loss
92633	Auditory Rehabilitation Post-Linguistics Hearing Loss
92507*	Individual Therapy Speech/Language/Hearing
92508	Group Therapy Speech/Language/Hearing (2-8 students)

Non-Billable Code

PROCEDURE CODE	SERVICE TYPE	START/END TIME
Consult Only	Use for logging students with consult-only services listed in the programs/services section of their IEP	-
Behavior Plan	Use to log students with a behavior plan only	-
Communication	Use to log communications with parents, other providers, staff	-
Attendance	Use to log when a student is missing therapy(ies) due to absences	-
Observation	Use to document time observing students for evaluation purposes	-

GENERAL BILLING INFORMATION

Service History Notes:

1. **Describe** what occurred on the date of service. Ensure that the Service History Note (daily note) is sufficiently detailed to allow reconstruction of what transpired for each service billed.
2. **Describe** the “medical” goal of the service.
3. **Indicate** the result of the therapy session (student’s response).
4. **Avoid** discussing academic goals/issues or attendance.

Example of Service Note Detail: The student’s left processor was green then blinked orange. We changed the cable coils out, was not the issue. Then we swapped batteries, and the implant worked. After half day, the Teacher reported

it started not working again, and replied that the family will need to contact or see their managing audiologist.

Example of Service Note Detail: Group Therapy (90853) – The group focused on starting “My Calm Down Book” and identified various facial expressions to determine the mood. The student did a self-portrait of his face when angry, then lost focus and was disruptive and disrespectful to his peers.

Monthly History Notes:

1. **Summarize** (Evaluate) the student’s monthly progress toward your medical/health-related goal.
2. **Include** any changes in medical/mental status and changes in treatment with rationale for change.
3. Service History Notes (Daily and Monthly History Notes (Progress) **must not match**.

Example of Summary Note: Student is making limited progress with improving his ability to follow directions and interact with peers appropriately. Will continue to address his goals toward appropriate peer behavior.

Record Keeping:

Keep copies of all supporting documentation related to this service for a period of 8 years (FY+7) regardless of the change in ownership or termination of participation in Medicaid.